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JUN 13 2020 S. YOUNG

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

EXCELSIOR GAMA SUPERMERCADOS CA LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jose da Gama Name of Person EXCELSIOR GAMA SUPERMERCADOS CA LLC Firm/Company 1650 Diplomat Drive Address North Miami Beach FL 33179 City/State and Zip Code joseadagama@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 397.9885 Jose da Gama Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & S25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCELSIOR GAMA SUPERMERCADOS	CA LLC	2020
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on February 1	3. 2020 and assigned
Florida document number L20000050900	<u>_</u> .	5 5
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	_	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
·	Enter Florida stree	t address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jose da Gama	1650 Diplomat Drive	□Add
		North Miami Beach FL 33179	■Remove
			□Change
			≣ Add
			Remove
		☐ Change	
	<u></u>		
		Remove	
			□ Change
		🗀 Add	
		☐Remove	
		Change	
			🗖 Add
		□Remove	
			Remove
			□Change

Page 2 of 3

(If an e Note	tive date, if other than the date of filing:
tha r	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	May ZZnd. 2020
) Th	Signature of a member or authorized representative of a member

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